

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90246 038 ***150.00

DOCUMENT # P98000095277

1. Entity Name

10001 PHASE I, INC.

Principal Place of Business

Mailing Address

% ROY KAHN
 3120 HOLIDAY SPRINGS BLVD., STE. 109
 MARGATE FL 33063

% ROY KAHN
 3120 HOLIDAY SPRINGS BLVD., STE. 109
 MARGATE FL 33063-5417

ANNOUNCE

2. Principal Place of Business

100 JEFFERSON AVE

Suite/Apt. #, etc.

10001

3. Mailing Address

100 JEFFERSON AVE

Suite/Apt. #, etc.

10001

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH, FL

4. FEI Number

65-0885856

Applied For

Not Applicable

Zip

33139

Country

31

Zip

33139

Country

31

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAHN, MORRIS
 % ROY KAHN
 3120 HOLIDAY SPRINGS BLVD., STE. 109
 MARGATE FL 33063

7. Name and Address of New Registered Agent

Name: KAHN, MORRIS
 Street Address (P.O. Box Number is Not Acceptable): 100 JEFFERSON AVE
 STE 10001
 City: MIAMI BEACH FL Zip Code: 33139

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *Morris Kahn* MORRIS KAHN 4/23/01 4/23/01
 (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$160.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	KAHN, MORRIS	3210 HOLIDAY SPRINGS BLVD. STE 109	MARGATE FL 33063	<input type="checkbox"/>
ST	KAHN, MORRIS	3120 HOLIDAY SPRINGS BLVD, STE 109	MARGATE FL 33063	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PRESIDENT	KAHN, AUDREY	100 JEFFERSON AVE STE 10001	MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/>
		100 JEFFERSON AVE STE 10001	MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: *Morris Kahn* MORRIS KAHN 4/23/01 4/23/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)